

LME Alternative Service Request for Use of DMHDDSAS State Funds

For Proposed MH/DD/SAS Service Not Included in Approved Statewide IPRS Service Array

Note: Submit completed request form electronically to Wanda Mitchell, Budget and Finance Team, at Wanda.Mitchell@ncmail.net, and to Spencer Clark, Chief's Office, Community Policy Management Section, at Spencer.Clark@ncmail.net. Questions about completing and submitting this form may be addressed to Brenda G. Davis, CPM Chief's Office, at Brenda.G.Davis@ncmail.net or (919) 733-4670, or to Spencer Clark at Spencer.Clark@ncmail.net or (919) 733-4670.

a. Name of LME Western Highlands Network		b. Date Submitted
c. Name of Proposed LME Alternative Service MD Testimony – WH102 – YA333		
d. Type of Funds and Effective Date(s): (Check All that Apply) <div style="text-align: center;"> <input type="checkbox"/> State Funds: Effective 7-01-07 to 6-30-08 <input checked="" type="checkbox"/> State Funds: Effective 7-01-08 to 6-30-09 </div>		
e. Submitted by LME Staff (Name & Title) Tom Ladenthin Director, Claims and Reimbursement	f. E-Mail lade0721@westernhighlands.org	g. Phone No. 828.225.2785 ext.2155

Background and Instructions:

This form has been developed to permit LMEs to request the establishment in IPRS of Alternative Services to be used to track state funds through a fee-for-service tracking mechanism. An LME that receives state single stream or other state non-UCR funding shall use such funding to purchase or start up services included in the Integrated Payment and Reporting System (IPRS) service array and directed towards the approved IPRS target population(s). If the LME wishes to propose the use of state funds for the provision of an Alternative Service that is not included in the IPRS service array, the LME shall submit an [LME Alternative Service Request for Use of DMHDDSAS State Funds](#).

This form shall be completed to fully describe the proposed Alternative Service for which Division approval is requested in order to develop an IPRS reporting code and an appropriate rate for the Alternative Service.

Please use the following template to describe the LME's proposed Alternative Service definition and address all related issues using the standard format and content categories that have been adopted for new MH/DD/SA Services.

Please note that:

- an individual LME Alternative Service Request form is required to be completed for each proposed Alternative Service;
- a separate Request for Waiver is required to be submitted to the Division for the LME to be authorized by the Secretary to directly provide an approved Alternative Service; and
- the current form is not intended to be utilized in SFY 07-08 for the reporting on the use of county funds by an LME. The Division continues to work with the County Funds Workgroup to establish a mechanism to track and report on the use of county funds through IPRS reporting effective July 1, 2008.

	<p align="center">Requirements for Proposed LME Alternative Service</p> <p align="center">(Items in italics are provided below as examples of the types of information to be considered in responding to questions while following the regular Enhanced Benefit Service definition format. Rows may be expanded as necessary to fully respond to questions.)</p>
Complete items 1 though 28, as appropriate, for all requests.	
1	<p>Alternative Service Name, Service Definition and Required Components</p> <p>Name: MD Testimony</p> <p>Service Definition: This service is for travel to court and court testimony by the psychiatrist and licensed psychological associate regarding Multidisciplinary Evaluations.</p>
2	<p>Rationale for proposed adoption of LME Alternative Service to address issues that cannot be adequately addressed within the current IPRS Service Array</p> <p>This service isn't among the array of services.</p>
3	<p>Description of service need(s) to be addressed exclusively through State funds for which Medicaid funding cannot be appropriately accessed through a current Medicaid approved service definition. Neither fund source providers reimbursement.</p>
4	<p>Please indicate the LME's Consumer and Family Advisory Committee (CFAC) review and recommendation of the proposed LME Alternative Service: (Check one)</p> <p align="center"> <input type="checkbox"/> Recommends <input type="checkbox"/> Does Not Recommend x<input checked="" type="checkbox"/> Neutral (No CFAC Opinion) </p>
5	<p>Projected Annual Number of Persons to be Served with State Funds by LME through this Alternative Service</p> <p>Approximately 100 different consumers.</p>
6	<p>Estimated Annual Amount of State Funds to be Expended by LME for this Alternative Service</p> <p>Approximately \$300.00</p>
7	<p>Eligible IPRS Target Population(s) for Alternative Service: (Check all that apply) N/A</p> <p><u>Assessment Only:</u> <input type="checkbox"/>All <input type="checkbox"/>CMAO <input type="checkbox"/>AMAO <input type="checkbox"/>CDAO <input type="checkbox"/>ADAO <input type="checkbox"/>CSAO <input type="checkbox"/>ASAO</p> <p><u>Crisis Services:</u> <input type="checkbox"/>All <input type="checkbox"/>CMCS <input type="checkbox"/>AMCS <input type="checkbox"/>CDCS <input type="checkbox"/>ADCS <input type="checkbox"/>CSCS <input type="checkbox"/>ASCS</p> <p><u>Child MH:</u> <input type="checkbox"/>All <input type="checkbox"/>CMSED <input type="checkbox"/>CMMED <input type="checkbox"/>CMDEF <input type="checkbox"/>CMPAT <input type="checkbox"/>CMECD</p> <p><u>Adult MH:</u> x<input checked="" type="checkbox"/>All <input type="checkbox"/>AMSPM <input type="checkbox"/>AMSMI <input type="checkbox"/>AMDEF <input type="checkbox"/>AMPAT <input type="checkbox"/>AMSRE</p> <p><u>Child DD:</u> <input type="checkbox"/>CDSN</p> <p><u>Adult DD:</u> x<input checked="" type="checkbox"/>All <input type="checkbox"/>ADSN <input type="checkbox"/>ADMRI</p> <p><u>Child SA:</u> <input type="checkbox"/>All <input type="checkbox"/>CSSAD <input type="checkbox"/>CSMAJ <input type="checkbox"/>CSWOM <input type="checkbox"/>CSCJO <input type="checkbox"/>CSDWI <input type="checkbox"/>CSIP <input type="checkbox"/>CSSP</p> <p><u>Adult SA:</u> x<input checked="" type="checkbox"/>All <input type="checkbox"/>ASCDR <input type="checkbox"/>ASHMT <input type="checkbox"/>ASWOM <input type="checkbox"/>ASDSS <input type="checkbox"/>ASCJO <input type="checkbox"/>ASDWI <input type="checkbox"/>ASDHH <input type="checkbox"/>ASHOM <input type="checkbox"/>ASTER</p> <p><u>Comm. Enhance.:</u> <input type="checkbox"/>All <input type="checkbox"/>CMCEP <input type="checkbox"/>AMCEP <input type="checkbox"/>CDCEP <input type="checkbox"/>ADCEP <input type="checkbox"/>ASCEP <input type="checkbox"/>CSCEP</p> <p><u>Non-Client:</u> <input type="checkbox"/>CDF</p>
8	<p>Definition of Reimbursable Unit of Service: (Check one)</p> <p align="center"> <input type="checkbox"/> Service Event x<input checked="" type="checkbox"/> 15 Minutes <input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Monthly </p>

	<input type="checkbox"/> Other: Explain_____
9	<p>Proposed IPRS <u>Average</u> Unit Rate for LME Alternative Service</p> <p>Since this proposed unit rate is for Division funds, the LME can have different rates for the same service within different providers. What is the proposed <u>average</u> IPRS Unit Rate for which the LME proposes to reimburse the provider(s) for this service? \$ 50.00</p>
10	Explanation of LME Methodology for Determination of Proposed IPRS <u>Average</u> Unit Rate for Service (Provide attachment as necessary). This rate is relative to clinical hourly reimbursement rate.
11	Provider Organization Requirements Contract with LME.
12	Staffing Requirements by Age/Disability Psychiatrist, Licensed Psychologist, and Licensed Clinical Social Worker
13	Program and Staff Supervision Requirements Usual as per licensure board
14	Requisite Staff Training Licensure
15	Service Type/Setting Court/Judicial Setting
16	Program Requirements Court Order
17	Entrance Criteria Court Order
18	Entrance Process Court order with authorization completed by WH care coordinator
19	Continued Stay Criteria Ongoing testimony of same case
20	Discharge Criteria Testimony complete
21	Evaluation of Consumer Outcomes and Perception of Care n/a
22	<p>Service Documentation Requirements</p> <ul style="list-style-type: none"> Is this a service that can be tracked on the basis of the individual consumer's receipt of services that are documented in an individual consumer record? <input type="checkbox"/> Yes x<input type="checkbox"/> No If "No", please explain. This is to reimburse a Psychiatrist for travel time to/from court when participating in a multidisciplinary evaluation documented on the invoice. Minimum standard for frequency of note, i.e. per event, daily, weekly, monthly, etc.
23	Service Exclusions n/a
24	Service Limitations A maximum of 8-units, unless unusual court testimony needed.
25	Evidence-Based Support and Cost Efficiency of Proposed Alternative Service n/a
26	LME Fidelity Monitoring and Quality Management Protocols for Review of Efficacy and Cost-

	Effectiveness of Alternative Service n/a
27	LME Additional Explanatory Detail (as needed)